



State of Delaware
Commission on Forensic Science
(CFS)

Minutes - 7/12/16

2:30 p.m. - 4:30 p.m.

Division of Forensic Science - 1st Floor Conference Room
200 South Adams Street
Wilmington, DE 19801

1. Welcome and Call to Order

- The meeting was called to order by Secretary Rita Landgraf. She provided a brief welcome and thanked everyone for coming today. Secretary Landgraf said that although this is July, it is actually our June meeting, which was not held due to the fact that we were unable to establish a quorum for that meeting. She said we rescheduled for today because we have a lot of business at hand. We did not want to miss this quarter before we reconvene next quarter, especially in light of the fact we are transitioning from the Markell administration so we want to stay focused as we go through that process as well. She then asked those present to please introduce themselves as the meeting is being recorded to assist Pat McIlvaine in compiling the minutes. Those in attendance were as follows:

Voting Commission Members

Secretary Rita Landgraf
Chief Randall L. Hughes
Major John Evans
Representative John Mitchell
Secretary James N. Mosley
Lisa Schwind, RN, Esquire
Anita Symonds, RN

Department of Health & Social Services - **Chair**
Delaware Police Chiefs' Council - **Vice-Chair**
Delaware State Troopers Association
Delaware House of Representatives
Department of Safety & Homeland Security
Public Defender's Office-Forensic Attorney
Christiana Care

Additional Non-voting Attendees

Glenn Condon
Jerry Daley
Lyndsey Emery, M.D.

Philadelphia/Camden HIDTA-Drug Intelligence Officer
Philadelphia/Camden HIDTA-Executive Director
DFS - Assistant Medical Examiner

Additional Non-voting Attendees (Continued)

Jill Fredel	DHSS - Communications Director
Isabella Kaplan	DTI - Customer Engagement Specialist
Daniel Maas	Philadelphia/Camden HIDTA-Public Health Analyst
Rebecca Walker	DFS - Chief Operating Officer
Michael Wolf	DFS - Director

Council Support

Patricia McIlvaine	Division of Forensic Science
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Absent Voting Commission Members

DAG Sean Lugg	Department of Justice-Deputy Attorney General
Senator Robert Marshall	Delaware State Senate
DAG Lisa Morris	Department of Justice-Deputy Attorney General
Clytrice L. Watson, Ph.D.	Associate Dean – Delaware State University

2. Approval of the Minutes

- Secretary Landgraf entertained a motion to approve the minutes as presented to Commission members. Major Evans made a motion to approve; Secretary Mosley seconded the motion. Secretary Landgraf then asked if there were any comments or questions, if anyone was opposed or wished to abstain. Hearing no objections, all voting members in attendance unanimously voted to approve the minutes of the April 11, 2016 meeting.

3. DFS Update

- Director Wolf gave the following updates regarding DFS:
 - Director Wolf said he would first like to introduce our new pathologist, Dr. Lyndsey Emery who comes to us with tremendous publications, awards, and honors, and has just finished a fellowship with ME's office in Boston. Additionally, he said, she is board-certified. The Director then asked Dr. Emery if she would like to say a few words. Dr. Emery thanked Director Wolf for the introduction and explained that she is a board-certified pathologist and also just finished her fellowship in June. Dr. Emery informed the Commission that she attended the

University of Toledo for undergraduate and then pursued a combined MD/PhD At Boston University School of Medicine. She then completed a combined Anatomic Pathology residency and finished medical training with one more year of a Forensic Pathology fellowship at the Office of the Chief Medical Examiner for the Commonwealth of Massachusetts. Dr. Emery said that her current interests include anything neuropathological in nature, infant/pediatric deaths, toxicology and she loves teaching. Dr. Emery said she is thrilled to be working here at DFS and is thankful for the opportunity to work here. Director Wolf said that Dr. Emery comes to us with a lot of enthusiasm and energy and we are fortunate to have her onboard. Secretary Landgraf welcomed Dr. Emery and thanked her for being here today.

➤ Infrastructure Improvements:

- 1) Director Wolf recounted that DFS is undergoing a major project with the roof HVAC system and it was supposed to be done by July 4th, but is still ongoing. We have been told, however, that completion should be just a couple more weeks away. He said the staff have been patient and have coped as well as they could considering the noise and disruption.
- 2) Director Wolf said the next upcoming project will be the fire alarm system. The current system is dysfunctional and we have had several false alarms. We are looking at a \$500,000 project to fix it.
- 3) The third project, said Director Wolf, is most problematic. It concerns the morgue's ventilation, air conditioning and the walk-in/freezer. This will carry a \$1 million price tag and will involve shutting down the morgue for at least three months. As demonstrated with the HVAC project, we can probably extend that to four months. This work is expected to begin February, 2017. He said that this disruption means DFS will have to find alternate means to handle ME cases. Dr. Collins, Rebecca Walker, and I pursued alternate means as follows:
 - Philadelphia Hospital: Not able to accommodate us.
 - Baltimore ME: Not able to accommodate us. Although they have an

enormous facility (able to perform 26 autopsies simultaneously), they have been inundated with deaths lately and believe that such an increase is due to the current heroin epidemic; the same as we are experiencing here.

- St. Francis: Their facility is too small and antiquated.
 - Portable Morgues: We found this option to be cost-prohibitive.
 - Veterans Administration-Elsmere: We went over to look at the Veterans' morgue facility and found it to be very adequate. The VA person we spoke with told us they had only five cases last year and they would be willing to support our needs when the time comes. Director Wolf said this would also involve the leasing of refrigerated trailers to accommodate decedents before and after autopsies.
 - Director Wolf said that there is one more option and this one would not shut down the ME facilities. He said he had the work needed in the morgue quoted out and Facilities are still entertaining this proposal. The ventilation system in the morgue is one of the problems we have here in this building. We could have an ad hoc ventilation system installed and the air conditioning unit on the roof fixed. Also, according to Dr. Collins, the walk-in/freezer really do not require repair. However, said Director Wolf, this option must adhere to Facilities' requirements and therefore he has brought together the two engineers – one from the vendor and one from Facilities. If it could be decided to go this route, he said, it would save the State \$900,000 and the morgue would not have to be shut down.
- ASCLD and ABFT Accreditations: Director Wolf said he is happy to announce that the Division has received the ASCLD/LAB accreditation (American Society of Crime Laboratory Directors/Laboratory Accreditation Board). In addition, he said, we are pleased to announce that the Toxicology Unit has received ABFT accreditation (American Board of Forensic Toxicology). Director Wolf said these are tremendous accomplishments and he is very proud of all of the DFS staff for their hard work and dedication toward obtaining these state-of-the-art accreditations.

➤ DFS Units:

Medical Examiner Unit: Director Wolf reported that the unit has experienced a 5% increase in cases submitted and a 15% increase in the number of autopsies performed during this same time period last year. As you learned today, he said, we have added another pathologist to our staff, Dr. Emery, and we also had another pathologist, designated for the Georgetown facility, accept - and then decline - our offer. Director Wolf explained that during the time of his background check, he was offered another opportunity and accepted that one. We currently have two more pathologists in the process and hope to have one on board in the near future.

Chief Hughes asked if the x-ray machine has been fixed at the Georgetown facility. Director Wolf said although not acceptable by any stretch of the imagination, again there is a price tag associated with that and a decision was made to bring decedents up here since there was no pathologist there; however, we will meet with DTI to get that repair going. Chief Hughes said DFS does have a State car in order for a pathologist to travel Georgetown, do we not, and that he has been expressing this needs to happen for the last six months. Director Wolf replied, yes, we do have one State car and another State vehicle would better populate our needs.

Secretary Landgraf asked does that mean we are currently transporting bodies from Georgetown to Wilmington, and Director Wolf said, yes. Chief Hughes said he knows because the fallen firefighter had to be brought up here from Georgetown. He continued that this is not just because he was a firefighter, but anyone, any family, in lower Kent and Sussex counties should not have that extra burden placed on them. He said that this has gone on far too long, and despite his warnings about the situation downstate, it is uncalled for, but still it goes on.

Secretary Landgraf asked Director Wolf if there were a fiscal barrier to what Chief Hughes is indicating. Director Wolf said, as he has previously, we lost Dr. McDonough downstate back in December, 2015 and put in for a new pathologist and Dr. Emery has filled that position. However, in addition, he said, we identified an additional need for a pathologist, one who would be stationed in Georgetown full time. During the interim, Dr. Collins has been going down there when the need

arises and continues to do so, but we do understand that is not fully serving all of the State's needs. Director Wolf noted that two-thirds of all deaths occur in New Castle County and we have been operating with three pathologists here since January. He said that right now that is 60% of what is required to accommodate the needs of the State of Delaware. Chief Hughes said he assumes Director Wolf is talking about the entire State of Delaware, north and south, and he replied, yes.

Secretary Landgraf said that if she heard Chief Hughes correctly, there is another issue concerning equipment needs in Georgetown. She asked whether this was a funding issue as we have had some challenges with our bond bill and some of the requests that we made on the capital side. Director Wolf said that the need downstate is for a pathologist. He said noting the costs associated with the x-ray machine, he had inquired if it were necessary to have a working x-ray even though there was not a pathologist downstate, but did not get a suitable answer. The x-ray machine we have here broke down and could not be repaired due to the antiquated software and the software from the Georgetown machine was brought up here because there was no pathologist there. It was thought that we could best serve the State with having at least one working x-ray machine. Director Wolf said that in order to best serve the state, from both locations, new software needs to be installed in both machines.

Registered Nurse Anita Symonds then inquired as to the reason we transport bodies up here - is it due to the x-ray machine or due to the need for a pathologist. Director Wolf said, primarily the latter, and that Dr. Collins goes downstate intermittently when the need arises. She asked what is more expensive, to drive decedents back and forth, or for a pathologist to drive down - where is best financial advantage to the State. What would be best for the state, said Director Wolf, is to have a pathologist assigned down there full time. Anita Symonds replied, yes, that is the ultimate goal, but which is better in the meantime. Director Wolf replied it really doesn't matter which way we do it - it's six of one and half a dozen of the other; it's on a case-by-case basis. Ms. Symonds asked if the family has to pay the funeral home extra to have the body returned downstate. Chief Hughes said no,

he was told the investigators take care of it; he said he does not think the families are even aware that this happens and that is not right. She then asked if the family has to come here to identify the decedent. Chief Hughes said identification is made prior to bringing the decedent to Wilmington. Chief Hughes then questioned the number of investigators downstate and overtime hours being worked to bring decedents back and forth. He asked if the investigators are experiencing any fatigue issues working extra hours bringing the decedents back and forth. Director Wolf said that our overtime has not increased, in fact, overtime is down overall. He added that there are currently three full time and one casual/seasonal investigator downstate and we do have openings for three additional casual/seasonal investigators, of which one would be for downstate. Chief Hughes inquired how many autopsies have been performed at Georgetown since January 1. Director Wolf said he did not have a specific number but he would say two-thirds of the autopsies and procedures are performed here in Wilmington and we are understaffed.

Attorney Lisa Schwind questioned if this situation isn't resolved and when the renovation projects begin, will the bodies then be taken to Elsmere. Director Wolf replied, yes, the northern decedents will be brought here to Elsmere. He said decedents from downstate will be brought to Elsmere if an x-ray is required. Director Wolf said that when the renovation project at the morgue begins, we will place a pathologist down there to handle the southern part of the state. Secretary Landgraf asked when the downstate facility is expected to be fully equipped and operating. Director Wolf said we first insure the prices quoted are still applicable and then deal with the actual funding. The bottom line, stated Secretary Mosley, which is to Chief Hughes' initial point, the x-ray machine has been down far too long. It should have been fixed a long time ago, he said, and what happened last night with bringing a decedent from Georgetown to Wilmington would not have occurred. Secretary Mosley said it's a dropped ball and it's going to be picked up quickly and we will run with it.

Chief Hughes said a tremendous amount of money is needed to fix this antiquated building, and it does not properly serve the people of Delaware, let alone the

hardships encountered by the very dedicated people working here who are trying to perform complicated work in an understaffed and overcrowded facility – it does not work. He said there are people insisting it must be kept in the city of Wilmington and he thinks that they need to get off of their high horse and find a location that is centrally located. In this way, all of the people of Delaware can reap the reward of having a top notch facility and are properly served. Secretary Mosley agreed; but asked everyone to realize that this mandate comes “to” him, not “from” him. He realizes these proposed band-aids are too late. The Secretary said, as stated many times before, there is no advantage to pouring money into this facility, you can put as much money into this place as you want and it will still be inadequate. He said it is a ridiculous waste of tax payer dollars. Secretary Landgraf said that she and Chief Hughes will probably have the opportunity to formulate, as part of the transition, the key items that the Commission would want the incoming administration to be aware of and the Commission has every right to put that together. Since this is a priority issue, we need to state exactly that. It will give the incoming administration, as they work around the state, the benefit of hearing from this Commission, as well as from the DSHS Department’s perspective. Secretary Landgraf thinks it is a good thing for them to know the key items which we deem are critical in order for DFS to work at the highest level and at their fullest potential. Chief Hughes commented that three years ago a paper was written (he said he know the author of that paper – it was him) and that we have kicked this can down the road for three years and now we are looking at possibly eight more years before someone picks it up.

Representative Mitchell said that he just has to make a comment at this junction. Even though he hasn’t made it to the last couple of meetings, he said, his memory was, even beyond that, there were new areas located where we could move this facility and his assumption was that the Commission were continuing with that conversation. Representative Mitchell said it sounds as if this is no longer the case; now we are waiting for the next administration. If that is the case, Representative Mitchell said, he finds that totally unacceptable. He continued that we have been dealing with this for some time now and he will be the first one to tell you that, yes, some legislative members have come to him and said we need to stay in the city of

Wilmington. But, said Representative Mitchell, he is not buying into that because we need a facility that is not only acceptable for everybody, but makes it unique so that everyone has access to it in the state of Delaware. He said that is what the focus should be, not to keep employees in the city of Wilmington for the tax income. This situation with DFS was at the bottom and we need to bring it back up and continue to look at existing structures. He said it is a waste of taxpayer money to keep throwing dollars at this building. Representative Mitchell noted that when we talk about fiduciary responsibility, it certainly would not be to continue to pour money into this building.

Secretary Landgraf said that is why we need to keep that level of conversation going with all the bodies of government - the executive branch, the legislative branch, the judiciary branch; they all feed in to the work that goes on here. This is the reality of where we are today and there is not enough money to bring this facility up to any workable solution so we are debating right now to see if what money is available to keep the doors open in a way that there is some level of functionality. There is no money in the budget that we can pull from to even make a new facility happen, therefore, said Secretary Landgraf, it is our responsibility to inform the next administration coming in and work with the legislative branch. The Markell administration, she said, has six months to go and we will not see anything happen for the next six months because there is no money at all in the budget that we could pull from and it is our responsibility to inform the next administration.

Secretary Landgraf said that she knows that we were hampered this year, as well, on the bond bill by the limitation of revenue that was available to the state of Delaware and a lot of that revenue went to the operating budget. All these things feed into the factors of the reality before us. Now, said Secretary Landgraf, the key factor is to keep building the case and ensuring that all individuals are informed relative to that case, especially as we go into a new administration and new legislative session. She said the judiciary branch has been out here, as well, so we should use that collective force in a way which does take this to the next level.

Representative Mitchell said the State has “x” amount of dollars to spend, the Governor recommends his budget and the Joint Financial Committee decides where it will be spent. He firmly believes that there is money there; it’s just the way they chose to allocate it.

Anita Symonds said that she would like to add, coming from a citizen at this table, that it would make her happy to see the Senator show up to these meetings. As a voting member of the public, she finds this very frustrating. No matter what we do, said Ms. Symonds, we cannot do anything without both the Representative and Senator on board with us. Also, she said, on the same note, whatever we are going to send to the next administration, we should do the report differently; making it a shorter and more to the point as to specifics and what the highlights are.

Lisa Schwind noted that we should also look at how long it is going to take. If we get the money tomorrow, she said, the time that will be spent performing the actual feasibility study and then the time for sign-off and then the actual building of a new facility, puts this project years down the road. In the meantime, this place disintegrates and needs patches. Eventually, she said, there will be a space issue. She said she doesn’t know, but hopefully, they will have the drug problem under control; however, in the meantime we might need a few more toxicologists dedicated to the problem. She asked where do the new people go to do their testing – they would have to sit in the bathroom, as there is no more room here. Director Wolf said Ms. Schwind has raised a good point, and speaking to that, we are also going to need to renew our N.A.M.E. accreditation in 2019. The number of cases, he said, are going to increase. Due to the size and inadequacy of our morgue facility, we will not be reaccredited. He stressed that it is going to take time to do, and if we don’t get moving on this sooner, than later, we will lose our accreditation. He thinks that is not what the State of Delaware needs or wants. Needless to say, the other units here are almost busting at the seams in order to accommodate all the chemists and analysts. He said so the limit on how well we can accommodate the citizens of Delaware is coming and we are aware of it.

Toxicology/DUI Unit: He said that productivity continues to increase compared to the same time period as last year. The Toxicology unit has experienced an increase of 10% in cases submitted and the number of samples processed proportionately increased.

DNA Unit: Director Wolf reported that the case submissions are up 28% and the number of items examined are up 47%. These numbers are the result of DNA having two additional DNA analysts who have been qualified. They are now at their full complement of six per the monies currently appropriated. Our current turnaround time is 120 days but in order to fulfill the prosecutors' needs of 60 days turnaround time, we will need an additional four analysts.

Forensic Chemistry Unit: Director Wolf said this unit continues to be a challenge. As of right now, our personnel numbers are diminishing and we were operating with only three chemists and now one of those individuals has had medical issues and gave her two weeks' notice. Also, right now we have one of the two chemists left, assigned to a major case, one of the largest in the State of Delaware, and she is dedicated to turning that case around in good time. While this is happening, there are cases which will be backlogged. Production is better despite low numbers, he said, with the increase in heroin cases, we need additional resources in order to keep the unit alive. He continued that we have two new young, energetic chemists who hopefully will be ready in October to process cases.

Director Wolf said that heroin cases have almost tripled for the same time period last year. He said that Delaware, just like our contiguous states, are suffering from the increased number of drug cases coming in, as well the increased number of deaths on the medical examiner side. Director Wolf said we will continue to outsource some of the drug cases and manage that expense as best we can. We spent \$3 million to outsource cases last year and are on track to spend as much this year. Based on previous years' numbers, we are looking at a 30% increase in the number of cases submitted each year. Director Wolf said he figured that the

number of chemists needed in Forensic Chemistry is 8.6 in order to address the State's needs and has asked for that number of new chemists.

Director Wolf reported that there are 31 cases backlogged in the fire debris section of the unit. After discussions with the ATF and the Fire Marshall, they have agreed to take these cases and process them at no cost to us. The Fire Marshall advised that there will be fire debris training offered at their school in Maryland in September and we will avail one of our chemists to attend.

Director Wolf said the biggest contributor of drug cases in the state is New Castle County, nearly $\frac{3}{4}$ of all the cases are from New Castle County and all of these cases go to NMS (the outsource agency) and it is very expensive. With a full complement, the unit would be able to best accommodate courts and lower the turnaround time for drug cases from 120 to 60 days. He said these are the compelling needs and we need and want to serve the criminal justice system the best we can and get the job done.

Major Evans inquired about the funding source for the outsourcing of New Castle County cases to NMS. Director Wolf answered that OMB provides the funding and that we do not see or touch the New Castle County cases. He said that the New Castle County cases that came here previously are now sent directly to NMS and processed there and are funded by the State. Major Evans asked about the county drug cases, not New Castle, but all the other counties. Secretary Landgraf said other state tax dollars outsourced are also paying for county police; the state has incurred those costs. Major Evans asked if the Secretary were saying the State's tax dollars are being used for outsourcing of New Castle County, as well as all the other county cases. Secretary Landgraf replied that these other county cases, even when they were processed here, were always paid by the State. Chief Hughes said he doesn't know what we would do without this avenue to outsource.

Major Evans expressed his frustration with all the tax dollars that are being spent on outsourcing and, not to beat a dead horse, but this building is not getting any better and we are just dumping money, after more money, after more money, into it. He believes everyone here is saying the same thing. He said one of the items his committee had been charged with was the feasibility of relocating and centralizing DFS. It was our recommendation to the Commission, he said, to request funding for a feasibility study and architectural study which his committee deemed absolutely critical. He said step one was to get the feasibility study recommended to the Commission, but we didn't get funding for two fiscal years in a row. Major Evans said with all that has transpired, he wonders where exactly does the committee go next.

Secretary Landgraf said perhaps we should look for other funding sources. She does not know if the Criminal Justice Council would be able to offer any funding but we need to look at other bodies that fund feasibility studies. She thinks that this feasibility study would lend us the credibility and that the feasibility study is independent of the Commission, this building, and this department. She thinks it would behoove us to find funding from an independent source. And, she said, getting back to what Ms. Schwind was saying, we can at least get that work in play, even if there is a long period ahead before execution. She said we should at least get moving as best we can, regardless of when we execute it.

Secretary Landgraf noted that funding sources typically know that a feasibility study is a one-time cost, so we might have a compelling case for a variety reasons. She said just looking at the heroin epidemic, the more people who are impacted, the more volume comes into the shop. We should seize that moment as well and she is willing to assist in looking at which funding sources may be out there. Chief Hughes pointed out that some grant sources, like the Coverdale grant, want something tangible in return for their dollars (i.e., a product or program, etc.) He thinks if we find the money, we write the grant letter in such a way to say that if the feasibility study money is provided, we promise that we will

follow through with what we say in order to give the citizens of Delaware an excellent product. He said that might be enough to sell it.

Director Wolf added that we currently are in need of three GCMS instruments, as was noted in our annual report. The instruments we have are 15 years old and are not the most reliable. However, he said, the good news is that we did receive \$71,000 from a Coverdale grant toward the purchase of a new GCMS instrument which will cost \$101,000 to purchase. We will need to look elsewhere for the additional \$30,000. Director Wolf said we tried to lease one but it would cost \$70,000 for six months. However, we negotiated with a former vendor and were fortunate to have them place and validate one of their GCMS instruments in the lab for six months at no cost to us in hopes that we will eventually buy one from them. He said essentially this saved the division \$70,000.

- Statewide Bar Coding: Director Wolf recalled that we talked previously about implementing a statewide bar coding system which is still is being considered and evaluated. However, he said, in the interim, we thought it important we have our own barcoding system now. He reported there is good news today concerning our internal barcoding system. Because we decided to use the previously purchased system in place which has 8 barcoding scanners and they are already coded, we needed confirmation from DTI that it would be able to be integrated and uploaded into FLIMS. They have confirmed that it can be done, so it will be implemented and people trained in the near future. He said then all of our units, including the Medical Examiner, will be using this one barcoding system. We will be able to integrate this system into other entities which may want to share that information.

Chief Hughes questioned if this is an off-the-shelf product because other people are looking to have some type of barcoding system. Director Wolf said it was part of the existing FLIMS package they had already. He said, of course, we need to see first if the cost is reasonable and would work for eligible candidates. Based on what we have, it is very reasonable, said Director Wolf.

Chief Hughes said it isn't like the old days when just a piece of paper sufficed, it is a nightmare with all the tracking and back and forth so this is a real want and need. He would like someone to share this information with him and he will share with the chiefs.

Major Evans said he was under the impression that we were looking to DELJIS for the barcoding system for the state and that it would be easier for law enforcement to go that route. He said our thought process from the beginning has been when evidence is collected from the scene, it is managed all the way through to the courts and to the Prothonotary office - all the while being tracked with one barcode. Major Evans asked if that were still the case. Isabella Kaplan, our DTI Customer Engagement Specialist, responded that discussions were held with DELJIS and Secretary Mosley about DELJIS developing an in-house solution leveraging LEISS that can be used statewide. She is aware that this effort is on DELJIS's list of initiatives, but does not know the current status.

Director Wolf added that later on we plan to implement a courier system and get a secure vehicle for pick-up and delivery of evidence with the barcoding system.

- Director Wolf reported that our COO Rebecca Walker, has recently participated with the Product Safety Commission and is working with the Department of Public Health on the HIDTA initiative. He said this is in addition to other statewide initiatives such as the FAA Disaster Drill, the DFS Continuity of Operations Planning and attending the Child Death/Near Death Review and Drug Overdose Commission meetings. We appreciate Rebecca's participation on behalf of DFS.
- Director Wolf thanked Major Evans for providing a couple of people from his drug unit in order to come up and give a presentation as to what they go through as police officers and how they put themselves in harm's way, and what it takes to put a case together. This presentation was given so our people would have an appreciation and understanding of what they go through. Thus, our people realized that if there is a delay caused by our processing or the case gets thrown out, it

impacts a lot of folks. We had everyone there, the ME's office, Tox, DNA and Forensic Chemistry; it was very well received.

- Secretary Landgraf asked if there were any further questions for Director Wolf, and hearing none, she moved the meeting forward to the HIDTA presentation.

4. High Intensity Drug Trafficking Areas (HIDTA)

- Secretary Landgraf thanked Director Daley and his team for coming today and said that we are fortunate to have them provide this update on the HIDTA initiative and where Delaware fits into the broader landscape. She recalled that she first met Director Daley and Director Botticelli at Christiana Care about a year ago, talking about the Delaware part of HIDTA and also about the additional resources with the police intelligence and public health intelligence so that we can combine forces and really look at our strategy around the opiate epidemic. She said she is glad that they are including Delaware in their HIDTA initiative.
- Director Daley thanked Secretary Landgraf for the warm welcome and said he is very pleased to be here. He told Commission members that he comes from a law enforcement background, in the city of Philadelphia, where he worked a little over ten years ago. When this HIDTA initiative was first started, he said, there were only two counties, Philadelphia County in Pennsylvania and Camden County, in New Jersey. Along the way, in 2008, we added Delaware and Chester Counties in Pennsylvania. Over the course of roughly the next 5-6 years altogether, we were working largely with state police and other law enforcement agencies. We then sought out officials in New Castle County, Delaware, to see if there were any interest in forming a coalition with them, as we saw a distinct connection between Philadelphia's drug trafficking and New Castle County's heroin uptick.

Back in 1999 through 2007, we used to see only South American heroin drug trafficking. He said now we see white heroin flooding the market. He

continued that New Castle County, Philadelphia, and other eastern seaboard communities are being hammered with it. They then learned that because of the huge spike in heroin-related overdose cases in New Castle County, a drug task force was formed. It stunned me, he said, as I thought of New Castle County as full of bucolic suburban communities. However, he said, unfortunately, it was the suburban kids who were experimenting with heroin. That, he said, started my interest in a number of cases my narcotic officers had interacted with from the New Castle County and Wilmington police departments.

Last year, said Director Daley, Secretary Botticelli said let's get this all together, and along with the support of the U.S. Attorney's office, the DEA, the FBI, and with the Marshall service onboard, we were able to put a proposal together that passed through my executive board down to OMB in Delaware's office that New Castle County would be included in our HITDA program. While it has been complex in juggling three different State governments with three different environments in Pennsylvania, New Jersey and Delaware at same time, he said, this is really a good approach which means investing with public health professionals, along with law enforcement intelligence and combine the information in a more meaningful way to try to get ahead of the curve whenever possible. We look at this area, the Delaware Valley, as the most challenging area in the country in terms of substance abuse, and having to deal with all the repercussions that comes with that abuse (i.e., whether it be a retail theft ring at the beach or gunfire and homicides up here on the hill, and everything in between), we see all the social issues that go along with substance abuse.

We are one of 28 HITDA forces around the country; he said, and there are several compact groups around the country. There is one that is spread over six states in the mid-West and there are massive ones along the southwest border. Some states, like California, have 3 or 4 forces. We were just joking a couple of weeks ago saying that if you've seen one HITDA, you've seen one HITDA – we are all unique.

Director Daley said he thinks our HIDTA is very metropolitan driven, as we are in a very densely populated area (over six million people). He said another 100 million people live within one day's drive from here which makes this a very rich environment for drug trafficking. He said sometimes he loses sight of that fact, even his executive group reminds him once in a while, this is a drug trafficking environment and we recognize that we cannot do this alone. Therefore, we have involved public health for the social aspects and law enforcement for the criminal aspect and partners, like Secretary Landgraf, are very, very important to us, as well as the people in the forensic department. In terms of the HIDTA operations, we are a fairly small piece of the Federal budget and have been marked for appropriation of \$253 million for the fiscal year 2017, but realize that money covers the whole country.

What we bring to the table is a platform which local, state, and federal law enforcement, along with treatment/prevention from the public health sector, are being participants. One of the things which is apparently clear to us is that the high heroin and opiate addiction is probably why we got permission for HIDTA coverage for New Castle County. He said also, and this is very important, we were able to get special funding for a 15-state heroin strategy. He said that from his early discussions with regional folks, that he sees this problem everywhere; we are just getting over run in this region with the heroin issue. Whether it be involving the medical examiner, or a forensic specimen or an overdose that leads to death prosecution, all of these things are stressing us and at the same time, we are aware of the usual three suspects: education/prevention, treatment and law enforcement.

- Education/Prevention: We aim at the very young people pointing out to them what the health risks are and what the dangers face them. We need to educate the parents as they are the ones making decisions for their kids. They are the ones taking them to the ER with broken bones and cuts and where they sometimes they receive significant quantities of opiates which can then lead to problems.

We need to educate the providers who provide the medicine, like reducing the amount of drugs going out the door to begin with – instead of a 30-day supply, issue a 7-day supply.

- Treatment: In the broadest sense of the word, getting the person who is actively addicted into treatment and, therefore, not ending up on slab. That's one of our key concerns - at the front end - the enabling of first responders to give Naloxone. With this, we may keep a person who is actively addicted an opportunity for treatment and turn his/her life around. We see that CPR and AED devices save lives; it is just the same with Naloxone which can save a person's life. We push and push and push Naloxone to be used and then there has to be something on other side to get more treatment opportunities and that is where Secretary Landgraf comes in.
- Law Enforcement: Yes, said Director Daley, this is something that we all are good at and know well. We, being a task force initiative, work with one agency or another, and identifying, attacking, and dismantling the drug trafficking groups are our goals. In criminal activity, there is a lot of violence and a lot of violations.

Director Daley said these three items are the chief components and to that end, these two gentlemen here with me, Glenn Condon, who is a retired Chief of Police, a former narcotics officer in New York, and is now the drug trafficking intelligence officer for Delaware, and Dan Maas, who is placed with the folks at DHSS as a public health analyst. We are happy that we are able to place one drug intelligence officer and one public health analyst in each of the states to begin to create a drug fighting force. He said that he wants to applaud the Division of Forensic Science because their statistical reports are invaluable. One of the biggest obstacles seen in law enforcement is when you get that line drawn on map from place to place because, unless a federal case, the information seems to disappear across that line. The good thing here is that information moves from, say, Chester County to Delaware and then from Kent County to Cecil County in Maryland. A lot of traffickers can move around

and maybe we find someone with \$25,000 worth of drugs; it's not enough to involve the U.S. Attorney's office, but major information regarding its use and drug make-up can be shared throughout our areas. There are hidden traffickers of heroin in Delaware and we believe they originate in metro-New York area; that's where it tends to be coming from. Previously, if a person from Paterson, NJ, is picked up in Delaware with 20 bags of heroin, the DEA does not come out, the policeman does his job and the person goes to trial in Delaware and no one in Paterson knows anything about it. So now, job #1 is to share this information across state lines. Forensic examination of that load of drugs may show it has fentanyl in that product and may cause overdosing, not only in Delaware but other states as well. Now we can get that information out to the public to warn them. He said that Dan has been very involved with another organization upstate to network these folks continuously and bring us information about treatment available in the healthcare community.

In closing, said Director Daley, putting this all together, not just here, but throughout the region and networking these folks face to face, up and down eastern seaboard, we are hopeful we gain a better idea of what is impacting this entire region as to heroin and opioids based on the information we share. This morning, the DEA in Philadelphia, announced 2015 drug overdose death data from 67 different coroner's offices. There were 3383 drug-related overdoses last year; 720 in Philadelphia alone. 55% were related to heroin but what was surprising is how fast this fentanyl issue is rising. 23 % of all drug overdose toxicologies show the presence of fentanyl. It is becoming a huge issue in this area. We also noted that Pennsylvania found the biggest increase in drug abuse in their rural communities. It increased 265%, so Delaware, be forewarned.

Glenn Condon said he would like to thank everyone for having the HIDTA team here. He spent 25 years in New York and half of it was in Narcotics on Staten Island and he had 100 investigators when he left and that he appreciate all of our efforts on this. Dan Maas added that he would like to thank us for listening to them and that this kind of dialogue is very important.

Director Daley said he wants to thank all of us collectively for our warm reception. We are here to help you any way we can.

Secretary Landgraf said we recognize and appreciate this collaboration and as we advance this strategy, it will spread across Federal and State governments and the lanes will intersect in combating this epidemic. She said that on the treatment side, in which she is involved, it is sad to report that they received no new funding for treatment. We were attempting to advance our capacity and levels of care to better serve the citizens of our state. We are hoping Obama's \$1.1 billion bill passes because \$4 million of that goes to Delaware to expand service to the treatment industry. She noted that Congress has not yet acted on that one. She said we also had discussions with our insurance carrier, Highmark, because we need them to step up to the plate as well, such as covering Naloxone and getting people into treatment. This disease is horrific as people tend to relapse and we need to get them into treatment as soon as possible.

Secretary Landgraf said, speaking of addiction, she bets everyone's lives in this room have been affected by addiction, one way or other - either on a professional or personal basis - this epidemic affects all people. We need to stay focused as she has not seen any other epidemic where we haven't been able to garner support for treatment. This disease carries a stigma and people still think that we can arrest our way out of it but, thankfully, our law enforcement no longer thinks this way and are looking at it from a health issue perspective.

Chief Hughes said he would also like to thank the HIDTA team for being here today. He said there has been a shift in law enforcement thinking in Delaware. We are glad that we are working to find a better way to do this. Dan is coming to meet with people in Seaford to do some regional work for all of Sussex County. He said that Georgetown is a small town but people come looking for assistance. The addiction success rate is not good; it is overwhelming. He said that he had only been Chief there for a short while and he was out of uniform when he entered a Royal Farms and

there he watched a young lady shoplift. He said he went over to her and introduced himself as the new Chief of Police and asked her to put the item back. She said she did it because she didn't have anything to eat. He said he offered her a ride but she said, no, and left. Well, he continued, we have seen her a number of times throughout the year and recently she just got arrested for robbery. We have to do more as it takes a toll on everyone everywhere. Again, he said, thank you for coming out and we appreciate it so very much. He noted that we are very fortunate that our first responders and ambulance corps have Narcan and use it.

Dr. Emery related that we haven't seen anything yet here and to prepare ourselves that it is about to get whole hell a lot worse. The level of fentanyl in our pipeline is not yet to the level of other places. She said her experience in Boston left her eyes so wide open as she had never seen anything like it. She is quite passionate about this drug epidemic and is so happy this is happening in this state.

Secretary Landgraf said it is important to bring together all of this information and communicate to better foster this cross engagement. She added that Delaware is one of the three States that have been selected to join initiative of the National Governors' Association in August and we have asked Rebecca Walker to join us. We will be able to look at that cross support from data sharing and use in a way that we are behind their paradigm shift. We are working with everyone, but it is a multifaceted issue.

Secretary Landgraf said Director Daley's presentation was very good. She said we all know how totally dangerous fentanyl and heroin addiction is as a whole. This initiative will give us all an understanding and we will be on common ground – real time – and be able to shift resources to those areas in need. She thinks with us all working together, we can save more lives.

- Secretary Landgraf asked if there were any more questions/comments for Director Daley, and hearing none, she then moved the meeting forward to Major Evans for an update on the Strategic Planning Advisory Committee.

5. Strategic Planning Advisory Committee

- Major Evans reported that the committee has not met since the last Commission meeting and we need to follow up on our remaining six action items. He said we have already discussed today the statewide barcoding issue, and the HIDTA presentation covered the item involving codifying the relationship between DFS and Public Health. He reported on the remaining action items as follows:
 - 1) Staff Retention/Pay Parity: Major Evans said we have committee members reaching out to partners in surrounding states and they are looking at positions related to our positions and pay structure. He said it is no surprise that our people are underpaid and we have no pay structure ladders for people to advance. He thinks this is largely the reason for such transitions and turnovers here; we train good people but can't keep them. We will continue to follow up on this and will provide a report to the Commission on these objectives as we did with the 2015 Annual Report.
 - 2) Internships: Major Evans said that now that there is a vehicle for our universities and colleges to offer internships here for their students, this objective has been met. Rebecca Walker reported that we have currently a couple of interns from the University of Delaware-Criminal Justice Division and from Delaware State. Secretary Landgraf asked if she were mining this data and Ms. Walker said not at the present time.
- Secretary Landgraf extended her thanks to Major Evans and his committee members for their continued work for the Commission.

6. Commission Members Open Discussion

- Secretary Landgraf asked if anyone had any other questions/concerns.
 - Anita Symonds asked if there were anything we could do about having the Senator attend our meetings or could we possibly have someone else replace him. Representative Mitchell said it is an appointment made by the Governor

so we cannot do that. Secretary Landgraf said we can ask Secretary Mosley to reach out to him and the Secretary said, yes, he would.

- Jill Fredel said she wanted to let us know about an example of a recent collaboration with HIDTA. There were several cases stamped with car model names and Dan Maas was able to go to Officer Condon and he saw a trend and alerted law enforcement and enabled them to snag a drug dealer. Officer Condon said that Dan had sent him a DIA with active heroin and saw that a task force was making C.I. buys. He then sent an e-mail to an officer and told him this drug was involved in a death in Middletown. The officer said if he could give him the information so that he can prove to his sergeant what was transpiring, he would go forward with it. It ended with the seizure of 222 packets of heroin and when they debriefed the perpetrator after his arrest, he indicated that he was getting it from Elkton, MD. We just happened to have a recent conversation with the Cecil County task force so Officer Condon was able to transfer this information to them. Officer Condon said this worked out well and is a prime illustration of collaboration.

- Hearing no other questions/concerns, Secretary Landgraf requested a motion to adjourn.

6. Adjourn

- Secretary Mosley made a motion to adjourn the meeting and Anita Symonds seconded the motion, which was unanimously approved by voting members of the Commission present.
- The meeting adjourned at 4:11 p.m.

Next Meeting: Monday, September 12, 2016

10:00 am – 12:00 am

Location: DFS, 200 South Adams Street, Wilmington, DE

1st Floor Conference Room